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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	35.C15716	_	
First Name	d Inventor or Application Identifier	010	
Nobuko Yamamoto et al.		-26	
Express Mail Label No.		7.5 42.8	
ADDRESS TO:	Commissioner for Patents Box Patent Application	20/6	

Ш	i i			Express Mail	Label No.			_ - = = :
	See MPE	APPLICATION ELEME P chapter 600 concerning utility patent		ADDR	ESS TO:	Commissioner Box Patent Ap Washington, D	plication	6/60
	1.	Fee Transmittal Form (Submit an original, and a duplicate for fee p	rocessing)	7.	CD-ROM or CD-l Program (Append	R in duplicate, lar		omputer
	2.	Applicant claims small entity status. See 37 CFR 1.27.		8.	Nucleotide and/o	r Amino Acid Sec necessary)	quence Subm	iission
	3. X	Specification Total Pa	ages 129		a. Compi	uter Readable Fo	rm (CRF)	
	4. X	Drawing(s) (35 USC 113) Total St	neets 9	a		Sequence Listing OM or CD-R (2 ca		
	5.	Oath or Declaration Total Pa	nges		ii paper			
		a. Newly executed (original or	сору)			nents verifying ide		e copies
To think higher		b. Copy from a prior application (for continuation/divisional with		9.		(ING APPLICATION) s (cover sheet & do		
		i. <u>DELETION OF IN</u> Signed Statement at	VENTOR(S) tached deleting inventor(s) 10.	37 CFR 3.73(b) Sta (when there is ar		Power	of Attorney
		named in the prior a 1.63(d)(2) and 1.33(pplication, see 37 CFR b).	11.	· ·	on Document (if a		
	6. X	Application Data Sheet. See 37 CFR	1.76	12.	Information Discl Statement (IDS)/		Copies Citatio	s of IDS ons
				13.	Preliminary Ame			
				14. X	(Should be speci	Postcard (MPEP 5 fically itemized)	003)	
				15.	(if foreign priority	,	,	
				16	Other:			
	,t,	CONTINUE UNIO A DELLO ATION - C J.						
	**17. If a C	CONTINUING APPLICATION, check ap Continuation Divisional		ony tne requisite on-in-part (CIP)	₹.	on No. /		
	Prior appli	cation information: Examiner			Group/Art Unit:			
	considere	INUATION OR DIVISIONAL APPS only: The accompanying a part of the disclosure of the accompanying when a portion has been inadvertently omits.	g continuation or division	al application and				
			18. CORRESP	ONDENCE ADDI	RESS			
	X	Customer Number or Bar Code Label	(Insert Customer No. or	05514 Attach bar code l	abel here) or	Correspond	dence address	below
	NAME							
	Address			· · · · · · · · · · · · · · · · · · ·				
	City		State		Zip	Code		
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20	/IS (1)	FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLA (37 CFR 1.16(AIMS	107-20 =	87	X \$ 18.00 =	\$1,566.00
	INDEPEND CLAIMS (37	ENT CFR 1.16(b))	5-3 =	2	X \$ 80.00 =	\$160.00
	MULTIPLE	DEPENDE	NT CLAIMS (if applicable) (37	CFR 1.16(d))	\$270.00 =	\$0.00
					BASIC FEE (37 CFR 1.16(a))	\$710.00
				Total of	above Calculations =	\$2,436.00
	F	deduction by	/ 50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
	1,000				TOTAL =	\$2,436.00
	b c	and doon		the prior nonprovisiona	l application and such	า status is still propeเ
	c. A chec	Is no long	ger claimed. ount of \$ <u>2,436.00</u>	the prior nonprovisiona	e is enclosed.	n status is still proper
20. [21. [22	c. A chec	Is no long k in the am	ger claimed.	the prior nonprovisiona to cover the filing fever the recordal fee is e	e is enclosed. inclosed.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Jason M. Okun, Registration No. P48,512			
SIGNATURE	Show M. Min			
DATE	August 30, 2001			

Form #125 NY_MAIN 196714 v 1

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